

CIGNA Medicare Select Plus Rx® (HMO)

A Medicare Advantage HMO Medical Plan with Part D Prescription Drug Coverage

MARICOPA COUNTY

JULY 1, 2011 – JUNE 30, 2012

4113 M1

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WHAT SERVICES ARE COVERED?

PHYSICIAN OFFICE VISITS, INCLUDING:

▪ Routine medical care	\$5 per visit
▪ Consultant and referral physician services	\$12 per visit
▪ Routine physicals	\$5/\$12 per visit
▪ Allergy treatments and injections	\$12
▪ Laboratory and x-ray	No charge
▪ Immunizations	No charge
▪ Mammography	No charge

INPATIENT HOSPITAL SERVICES, INCLUDING:

▪ Semi-private room and board	\$0 per visit
▪ Operating and recovery rooms	No charge
▪ Drugs and medication	No charge
▪ Diagnostic and therapeutic laboratory and x-ray	No charge
▪ Anesthesia and respiratory/ inhalation therapy	No charge
▪ Physician and surgeon charges	No charge
▪ Skilled Nursing Facility (SNF) days 1 – 20	No charge
▪ Skilled Nursing Facility (SNF) days 21 - 100	No charge

OUTPATIENT HOSPITAL SERVICES, INCLUDING:

▪ Diagnostic and therapeutic laboratory and x-rays	No charge
▪ Radiation therapy and chemotherapy	\$12 per visit
▪ Operating and recovery rooms	\$12 per visit
▪ MRI, MRA, PET and CT scans	No charge

EMERGENCY CARE:

▪ CIGNA Urgent Care Centers	\$5 per visit
▪ Non-CMG Contracted Urgent Care	\$5 per visit
▪ Non-Contracted Urgent Care Centers in/out of area	\$25 per visit
▪ In hospital emergency room	\$50 per visit
▪ Ambulance services	No charge
▪ World-Wide Coverage	\$50

OUTPATIENT REHABILITATION:

▪ Physical Therapy/Speech Pathology	\$12 per visit
▪ Home Health Care:	No charge
▪ Home visits by nurses & other health professionals	No charge
▪ Durable Medical Equipment	No charge
▪ Motorized wheelchairs/scooters/air beds	No charge
▪ Prosthetics	No charge
▪ Mental Health	\$12 per visit
▪ Hearing Aid (When purchased at a CIGNA facility.)	\$200 allowance per unit

VISION CARE

▪ Routine Eye Exam CMG only	\$5 per visit
▪ Routine Vision Exam	Annual
▪ Medically Needed Eye Exam – CMG Optometrist	\$5 per visit
▪ Medically Needed Eye Exam - CMG Ophthalmologist	\$12 per visit
▪ Medically Needed Eye Exam - Contracted Optometrist	\$12 per visit
▪ Medically Needed Eye Exam – Contracted Ophthalmologist	\$12 per visit
▪ Annual allowance for contacts, frames and lenses – CMG vision centers	\$50
▪ Discount on 2 nd pair at CMG Vision	20%

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PRESCRIPTION DRUG COVERAGE

NO DEDUCTIBLE
UNLIMITED ANNUAL MAXIMUM BENEFIT

CMG Pharmacy

- Tier 1 \$15 for a thirty day supply
- Tier 2 \$40 for a thirty day supply
- Tier 3 \$40 for a thirty day supply
- Tier 4 \$40 for a thirty day supply

Tel Drug (by mail)

- Tier 1 \$40 for a ninety day supply
- Tier 2 \$115 for a ninety day supply
- Tier 3 \$115 for a ninety day supply
- Tier 4 \$115 for a ninety day supply

This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing, before the change occurs. To view the CIGNA formulary, go to www.cignamedicare.com on the web.

People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact CIGNA Medicare Select Plus Rx for details.

Effective July 1, 2011 – June 30, 2012

Last revised 03/25/11

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